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Title of Invention: SYSTEMS AND METHODS FOR
ELECTROSURGICAL DISSECTION
AND HARVESTING OF TISSUE

First Named Inventor: James Pacek

Domestic/Foreign Application: Domestic Application

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Statement

Filing Type:

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Attorney Docket Number: NONE

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TRANSMITTAL

Electronic Version v1.1
Stylesheet Version v1.1.0

Title of Invention	SYSTEMS AND METHODS FOR ELECTROSURGICAL DISSECTION AND HARVESTING OF TISSUE	
Application Number:	09/771299	
Date:	2001-01-25	
First Named Applicant:	James L Pacek	
Confirmation Number:	9200	
Attorney Docket Number:		
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Submitted by:	Elec. Sign.	Sign. Capacity
Richard Batt Registered Number: 43485	RRB	Attorney

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Documents being submitted

us-ids

Files

C-11Standard3-usidst.xml

us-ids.dtd

us-ids.xsl

Comments



ELECTRONIC INFORMATION DISCLOSURE STATEMENT

Electronic Version v18
Stylesheet Version v18.0

Title of Invention	SYSTEMS AND METHODS FOR ELECTROSURGICAL DISSECTION AND HARVESTING OF TISSUE						
Application Number:	09/771299 						
Confirmation Number:	9200						
First Named Applicant:	James Pacek						
Attorney Docket Number:							
Search string:	(6074386 or 6090106 or 6093186 or 6228081 or 6261286 or 6293942 or 6306134 or 3815604 or 3920021 or 4590934 or 4785823 or 4805616 or 4832048 or 5085659 or 5171311 or 5207675 or 5888198 or 5891095 or 5902272 or 6066134 or 6149620 or 6159194 or 6159208 or 6179836 or 6190381 or 6203542 or 6224592 or 6235020 or 6238391 or 6254600 or 6264652 or 6296636 or 6296638 or 6312408 or 6322549 or 6355032 or 6363937 or 6379351 or 6391025 or 6416507 or 6416508 or 6432103 or 5873855 or 6024733 or 6063079 or 6109268 or 6117109 or 6142992 or 6179824 or 6183469).pn.						
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Note: Applicant is not required to submit a paper copy of cited US Patent Documents							
init	Cite.No.	Patent No.	Date	Patentee	Kind	Class	Subclass
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Remarks

Note: Remarks are not for responding to an office action.

This submission is part 4 of 8 parts each submitted on August 20, 2004. The first part of this submission (part 1) has been concomittently filed via priority mail in a BOX with instructions for the PTO to charge the proper fee, if necessary. Thank you.

Signature

Examiner Name	Date